

CRITERIA FOR PRIOR AUTHORIZATION

Hetlioz® (tasimelteon)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Hetlioz (tasimelteon)

CRITERIA FOR HETLIOZ Must meet all of the following:

- Patient must have a diagnosis of non-24-hour sleep-wake disorder
- Patient must be 18 years of age or older
- Dose must not exceed 20mg/day

LENGTH OF APPROVAL 12 months